MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, ff institution: Residence before edmission) e. COUNTY ctor, Page b. COUNTY files. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town for your Board funeral di d. NAME OF HOSPITAL OR INSTITUTION d. STREET refained State death. NAME OF Middle 2, and 3 to the DECEASED OF the age 5 may be re 1 and 2 with the 72 hours effer of (Type or print) DEATH 5. SEX AGE In yeers HF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, eyen if retired Give Pages 1, pages P.M.3. 13. FATHER'S NAME File form 16. SOCIAL SECURITY NO. in pencil in Item 18. permit. (Yes, no, or unkown) | (If vesgive war or detes of service) with This certificate should be executed 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] Office along burial-transit .5 PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) removal, DUE TO (b) "pending" geve rise to immediate cause 40 Examiner's DUE TO BS (b), steting the underlying cause last. used cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) | 19, WAS AUTOPSY 99 certificate, writing the word Medical plnods CERTIFIC 20e. EXTERNAL CAUSE WAS DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. burial, EXAMINER: 3 be forwarded to the Chief Month, Dey, Yeer 20e. PLACE OF INJURY (Home, farm, Page 20c. TIME OF INJURY 20d. INJURY OCCURRED 20f. (City or town) (County) fectory, street, office bidg., etc.) 2 While Not While et work et work prior FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inspection V Inquiry and in my opinion designated agent, death resulted from: Natural causes Suicide Homicide Underermined manner CHIEF MEDICAL EXAMINER please execute in 4 should be for O FUNERAL I or its designated ASSISTANT MEDICAL EXAMINER DEPUTY **EXAMINER'S** NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION. 22b. 22d. LOCATION (City, town, or country) REMOVAL (Specify) REC'DOBY REGISTRAR I VS. A15ME 5M 7/59

e. IS RESIDENCE ON A FARM?

YES NO

Yaer

19

INTERVAL BETWEEN

ONSET AND DEATH

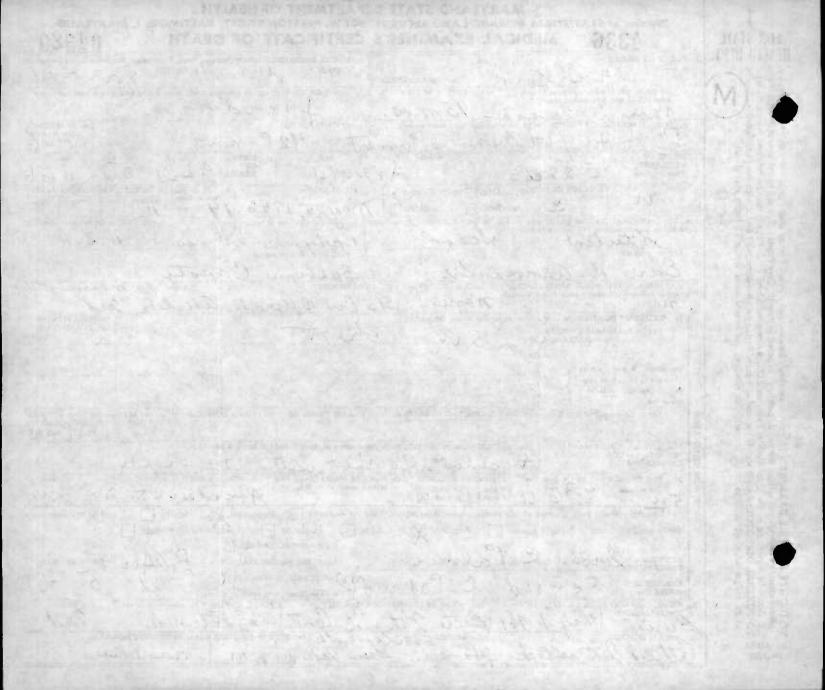
PERFORMED?

NO V

(State)

DATE SIGNED

IF UNDER 24 HRS.



please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 12 hours after death. EXAMINER: This certificate should be executed within 24 hours after death. TO DEPUTY MI

VS. A15ME

5M 7/59

MEDICAL CERTIFICATION

			MARY	LAND S'	TATE D	EPART	MENT C						
	Division	n of STATISTICAL I		EXAM	INER'S	CERT	IFICAT	_	DEATH	JKE I,	MAK O/	1020	
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	a. COUNTY					a. STA		_ (// // // // // // // // // // // // /	b. COUN	ITY			101113310117
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(Calvary	Rd. Churchvi	lle		5 mos.		Calva	rv Rd.	Churchy	dille			
	d. NAME OF H	OSPITAL OR INSTITUTION (if	not in hosp	ital, giva straal	addrass)	d. STRE	ET ADDRESS						ESIDENCE
						/ P	el Air	R.D.	# 1			YES T	A FARM?
3.	NAME OF	First		Midd	le	La		4. DATE	Month		Day	Yaa	LEF
	(Type or print)	JOSEPH		MART	RAT	DWIN	374	OF DEATH	Anni	7	2	10	61
5	SEX					B. DATE OF B	IDTU		AGE (In years	IF UNDE		IF UNDER	
			. MARKIEE	NEVER MA	RRIED			,	last birthday)	Months	Days	Hours	Min.
	Male	White	WIDOWED		RCED	Mar.30			52. yrs.				
10	 a. USUAL OCCU one during most of 	JPATION (Giva kind of work of working life, even if retired	10b. KII	ND OF BUSINES	S OR INDUST	RY 11. BIRTH	PLACE (State	or foreign cou	ntry)	12. C	ITIZEN O	F WHAT	COUNTRY?
	_	penter		use		V	irgini	a			U	.S.A.	. ,
13	. FATHER'S NAM	NE .				14. MOTH	R'S MAIDEN	NAME				1017	
		Wass Dald					Ida Be	0.770.775					
15	. WAS DECEASE	Mose Bald		OCIAL SECURIT	TY NO. 17.	INFORMAN		GASTR	Address			_	
(Y	as, no, or unkowi	n) (If yes giva war or datas of sa	vica)		,	Wa mad a	n-1 2-4		Channe	ala and T	1 - M	a	
_	no	OF DEATH Enter only one	nuan nas II.	- ((-) (h) -		Margie	Baldwi	IA .	Churc	SUATT		The state of the s	
		DEATH WAS CAUSED BY:	ausa par III	10 (0), (b), a	na (c).j							ERVAL BET	
	1	IMMEDIATE CAUSE (a)_	Myoca	ardial]	Infarct	ion							
	426	DUE TO											
	Conditions, if	any, which) (b)	Arte	rioscle	cotio h	neart d	isease						
		madiata cause											
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z		THER SIGNIFICANT CONDITI	ONS CON	RIBLITING TO E	FATH BUT NO	OT RELATED T	O THE TERMIN	AL DISEASE C	ONDITION GIV	FN IN PA	PT 1(=) 1	O WAS A	LITOPSY
110	171117 111 0											PERFC	RMED?
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CERTIFICATION		AL CAUSE WAS 20 or CONTRIBUTING	b. DESCRIE	SE HOW INJURY	OCCURED.	tntar nature o	f injury in Part	I or Part II of	itam 18.)				
	CAUSE OF DE	ATH.											
MEDICAL	20c. TIME OF			NJURY OCCURR			Y (Homa, farm ica bldg., atc.)		or town)	(Co	ounty)		(Stata)
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4		y that I took charge of	the rem:		dahove h	eld an Auto	DSV 3F	Inspection	, Inquir	V	and	in my o	pinion
				./			Labor			' -	-	III IIIy O	pillioli
	death result	ed from: Natural cau	ises X	Accident	, Suic		Homicide		letermined m	anner			
		010	5			CH	EF MEDICAL E	XAMINER [OL: NO				
	ACTUAL SIGNATURE	(Upades	7	cit,	-	M.D. AS	SISTANT MEDI	CAL EXAMINE	R X		D	ATE SIG	NED

EXAMINER'S Charles S. Petty NAME (Typa)

ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county)

DATE SIGNED 4/2/61

22a. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spacify)

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or country) (State)

Birtal FUNERAL DIRECTOR

Abingdon, Md.,

Bel Air Memorial Gardens Bel Air, Harford, Md.

ADDRESS

Abingdon Md.

APR 5 '61 Culburg & Harlow DATE

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DIVISION OF STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL end give neerest town) filled in de Grace Pages afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital e. IS RESIDENCE ON A FARM? hours YES NO completely papers. NAME OF DATE Month DECEASED OF (Type or print) DEATH 19 IF UNDER 24 HRS. AGE (In years F UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthday) Months and Days Hours WIDOWED DIVORCED | 12. CITIZEN OF WHAT COUNTRY? physician 10b. KIND OF BUSINESS OR INDUSTRY 13. FATHER'S NAME please Then please 15. WAS DECEASED EVER IN U.S. ARMED FOR ES? (Yes, no, or unknown) [(Ifyes give werordetes of service)] moval the 18. (CAUSE OF DEATH [Enter only one cause per line forge), (b), end (c). INTERVAL BETWEEN ONSET THE DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY certificate CERTIFICATION 35 PERFORMED? NO use 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. ACCIDENT WAS UNDERLYING IT OR CONTRIBUTING CAUSE OF DEATH 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, (County) (Stete) 2Df. (City or town) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc. While Not While Hour e.m. et work et work CIOR: 12, 19. (a), that (I) (ye) last attended the deceased from 21. | certify that (I) (this hospital) 19.64, and that death occurred at 1.15 M, from the causes and on the date stated above. saw the deceased alive on. I. 22e. SIGNATURE ATTENDING! STAFF DIRECTOR PHYS. PHYSO M.D. O HOSPITAL death. Page 4 director, page to be filed with the ADDRESS 22c. PHYSICIAN'S NAME (Type) CREMATORY 23d. LCCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR **REMOVAL** (Specify OF 25e. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) 15M 9/60 DATE APR 2 0 '61 arthur & Kraus

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MARYLAND STATE DEPARTMENT OF HEALTH

OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

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I RESIDENCE (Where declined in the composition of t	RD Month AGE (In years last birthdey) Toreign country) AGE (Ra Address	e. IS RESIDENCI ON A FARMI YES NO Day Year 13 19 61 YEAR IF UNDER 24 HRS. Hours Min. IZEN OF WHAT COUNTRY
OR TOWN (If outside corpo	RD Month AGE (In yeers IF UNDER 1 last birthday) 7 2 yrs. Dreign country) 12. CITI	ON A FARMI YES NO DAY HOURS MIN. IZEN OF WHAT COUNTRY U.S., Md.
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10		22b. DATE
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D.781,19	manual trans	151-1-1
DARING	TION (City, town or county	y) (Stata)
DARING		Md.
EN'S.	ending Med. S. Director Address Address	ADDRESS DIRECTOR PHYS. L

ours after TO HOSPITAL CONTINUING PHYSICIAN: The law requires that the death certificate be executed within the fourth of death. Page 4 me a retained by the hospital or attending physician.

S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 is be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

TO LOS MENTES SELLES OV.

#857+05-05B

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Burial Aug. 1, 1901 Irinity Latheren Jones

Homeren. Co. mas - Son Dingon, M.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institutions Residence before admission) a. COUNTY b. COUNTY e. STATE MARYLAND b. CITY OR TOY (if outside corporeta limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN limits, write RURAL Pages hours aft e. IS RESIDENCE UTION (if not in hospital, give street ON A FARM? NO L YES T completely papers. NAME/O Dev Month Year 72 DECEASED OF (Type or print) DEATH 19 carbon AGE In yeers LIF UNDER 1 YEAR IF UNDER 24 HRS. and last birthdey) Months Days WIDOWED event, physician USUAL OCCUPATION (Give kind of work remove 12. CITIZEN OF WHAT COUNTRY! or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME please = affending and Then EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY requires that the removal, (Yes, no, or unknown) | (If yes give war or detes of service) physician. 18. CAUSE OF DEATH [Enter only one cause per like for (a), (b), and (c). INTERVAL BETWEEN permit. ONSET AND DEATH signed by PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) cremation, burial-transit DUE TO attending Conditions, if any, which (b) After this certificate has been gava rise to immediate cause DUE TO (a), steting the underlying cause last. the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION hospital PERFORMED? as 0 NO F use prior 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2Da. ACCIDENT WAS UNDERLYING TI for OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) efached by 2De, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED factory, street, office bldg., etc.) Not While Hour a.m. While ō at work at work n.m. CIOR: 21. | certify that (I) (this hospital) attended the deceased from Cypil 2.2 196.1, to19......, and that death occured at [1.3] M, from the causes and on the date stated above pinous saw the deceased alive on. DIRE 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED MED 3 PHYS. DIRECTOR PHYS. death. Page 4 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, pe filed v 23d. LOCATION (City, town or county) (Stata) 230. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL Specifyt REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) DATE APR 2 8 '61 arthur S. Track 15M 9/60 admin 207/19 2-X

MARYLAND STATE DEPARTMENT OF HEALTH

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TO HOSPITAL CASTIENDING PHYSICIAN: The law requires that the death certificate be executed within fours after death. Page 4 in the retained by the hospital or attending physician.

\$ > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARVIAND STATE DEDARTMENT OF HEALTH

	MARIEAND STATE DEF	AKIMENTI OI	THE PARTIE	
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, :	301 W. PRESTON	STREET, BALTIMORE 1,	MARYLAND
4341	CERTIFICATE	OF DEATH		04334

		PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Res	idenca before admission)
9		OUNTY HARFORD MARYLAND	a. STATE MARY LOS b. COUNTY	nand
	b	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN of outside corporate limits, write RURAL and s	rive neerast town)
		write RUPAL and give neerest town	Ra DIA	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	17	HAVRE DE GRACE 12 DAYS	Del HII	
		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS	a. IS RESIDENCE ON A FARM?
	14	Actord MEMORIAL HOSPITAL	1314 MAITIAND AVE.	YES NO
	3.	NAME OF First Middle		Dey Yaar
		OECEASED (Type or print)	OF DEATH OF	6 1961
		IIIINNIE B,	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YI	
	-	7. MARRIED NEVER MARRIED	Lead A Lat. Jan. A	ys Hours Min.
	1	EMALE WhitE WIDOWED DIVORCED	757/1884 15 yrs.	
		USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZE	EN OF WHAT COUNTRY?
	4	HOUSE /IIIFE Home	MARYLAND 11	SH
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	in Book
		111.11.000 (1111110	Martin	11/11/16 101
	15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	INFORMANT Address	uluar "
	(Yes	s, ng. or unkown) (Ifyes give wer or detes of service)	1 4 6 00	was meelle
ń,		220-22-00860-	James trank Kaik = 318 allian	ice St.
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	1 1 -1 -	ONSET AND DEATH
П		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiae. Coco	mpensalen	13 dails
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ň		11.12	tie Cardiovascular	
		geve risa to immediate ceuse	ue parmo variatas	7
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	Z O	PART WOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY PERFORMED?
'n	CAT	Mumontin + lettarde	lio	YES NO
	CERTIFICATION		. (Enter nature of injury in Part I or Pert II of item 18.)	
п	CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEY MEDICAL EXAMINER)		
	CAL	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm, † 20f. (City or town) (County	y) (State)
	MEDIC	Hour a.m. While Not While fact	ory, street, office bldg., etc.)	
9	WE	p.m. 19 at work at work	Made of Allend	
Ħ		21. I certify that (I) (this hospital) attended the degreesed from	111arch 25, 1961 to Afrel 6th, 196	L, that (I) (we) last
			death occured at .A.M., from the causes and on the	e date stated above.
		220. SIGNATURE		22b. DATE
		thought toron	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. D	SIGNED
-		22c. PHYSICIAN'S	22d. ADDRESS	11
1		NAME (Type) FOUNDED CO LOA MI	Apure de Grace 1	VIC
3	220	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county)	(Stete)
1		REMOVAL (Specify)		
)	_	Burial 4/9/61 Grove Cem		
7	24		Home 25s. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	
1		Hour 4. O crusy - Aberdeen. Md.	DATE APR 1 0 '61 Conthur &.	/ Vialla
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The state of the s area was seen all was

1 1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
E # 1	4342 CERTIFICATE OF DEATH Reg. Dist. No. ()4335
director,	1. PLACE OF DEATH o. COUNTY HARFORD MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY HARFORD
lord for	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) BEL AIR c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Lifetime Bel Air
by the h	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 211 Franklin Street d. STREET ADDRESS ON A FARM? YES NO X
filled in	3. NAME OF DECEASED (Type or print) LUCY LUCINDA CLARK 4. DATE Month Day Year OF DEATH APRIL 24 1961
pletely (5. SEX Female 6. COLOR OR RACE Negro Negro Negro Negro Newremarked Newrord Newroll Never Marked Newrord Newro
and campon paper death.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Waryland 12. CITIZEN OF WHAT COUNTRY? U. S. A.
physician of smare carbo hours after	13. FATHER'S NAME Jacob Brown 14. MOTHER'S MAIDEN NAME Fanny WILLiams
ading physics remay	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Robert Clark (son) 211 Franklin St., Bel Air
e attendi	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema, acute Inc.
d by th mit. Th any eve	Conditions, if any, which gave rise to immediate (b) Congestive Heart Failure (intermitten
ion. nsit per and in	couse (a), stating the under- lying couse last. Over 10 Col. Arteriosclerotic Cardiovascular Disease years
physic has bee urial-tra maval,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO W
tificate the bu	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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hospi c. After sched fo vurial, c	21. I certify that I attended the deceased from April 21, 1955, to April 21, 1961, that I last saw the deceased alive an April 21, 1961, and that death accurred at 15 AM, from the causes and an the date stated above.
REC De detack ior to bur	ACTUAL SIGNATURE Paul S. Stonesife fr. M.D. 115 Fulford Ave. 1/25/61
ERAL DI 3 shauld gistrar pr	PHYSICIAN'S Paul S. Stonesifer, Jr., M. D. Bel Air, Md.
may be referenced by the registration of the r	22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial April26-61 BClarks Chapel Kalmia Harford-Md.
VS A15 (4) 15M 10/57	23 FUNERAL DIRECTOR'S SIGNATURE Bell ir DATE APR 2 6 '61 Outlan S. Krans

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DIRECT: After boxing to burial.			21. I certify the alive an	end I attended the	deceased , 19 G		death of		10-4 10-4	M, fram	the causes a reet, city ar town,	nd on the	date stat	
FUNE age 3	' /	220		ON, 226. DATE THEREO	961	22c. NAME OF CEM St. Ignation				22d. LOCAT	10N (City, town, o		(Sto	
VS A15 (4) 15M 9/55	8	23.	FUNERAL DIRECTOR	W, B	Porder Por n	ADDRESS OF PERSON	tms Sl	+	24a. REC'D	BY REGISTI	RAR 24b. REGIS	TRAR'S SIGN	ATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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b.		f outside corporate lime earest tawn)	its, write c. LE	NGTH OF STAY IN 16	X Pylesvi		ote limits, write RU	JRAL and give n	earest town)
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	ale	6. COLOR OR RACE	WIDOWED #	DIVORCED	NOV 8,189	14 1893	9. AGE (In years last birthday) 67 yrs.	Months Doys	Hours	Min.
	during most of work	ON (Give kind af work king life, even if retired		OF BUSINESS OR INC	USTRY 11. BIRTHPLACE (S	2894 Ma		U.S		OUNTRY?
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{Yes,		R IN U. S. ARMED FOI (If yes, give war or dates of			Tames Bolt	Route	Address 6			Md le
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L CER	IF EITHER, NOTIFY	MEDICAL EXAMINER)			RED. (Enter noture of injury					
MEDIC	Haur o.m.	Y Month, Day, Ye	While I		PLACE OF INJURY (Home, foctory, street, office bldg.,		or town)	(Count	у)	(Stote)
		ot (1) (this hospito sed alive on all furnid	1 .0	ys on Stysen	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. DIRECTOR	abril the couses one STAFF PHYS. burne		te stoted	
	BURIAL, CREMATIO REMOVAL (Specify) Burial UNERAL DIRECTOR	4-18-1	961 M	edowridge ADDRESS		Wash:		Blvd,	(Stot	e)

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ortel Alle-leel Helowridge Heroviel Wanbington Blvd. Later

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	4345	CERTIFIC	ATE OF DEATH	1	Reg. Dist. No.	0/1930
1.	PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Mary.	here deceased lived. If institution b. COUNT		e admission)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	Bel Air	outside corporate limits, write	RURAL and give near	rest fown)
	d. NAME OF HOSPITAL (If not in hospitol, give street of RINSTITUTION ROCK Spring Road	(ddress)	d. STREET ADDRESS Rock Sp.	ring Road		ON A FARM? YES NO
3.	NAME OF First DECEASED (Type or print)	Middle Stanley	Finney	OF	onth Doy	Year 19 61
5.		IED NEVER MARRIED	B. DATE OF BIRTH August 5,1	896 9. AGE (In year last birthdoy) 64 yr	Months Days	1F UNDER 24 HRS. Hours Min.
	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proof Director U.	S. Govt.	JSTRY 11. BIRTHPLACE (Stole Maryland	ar foreign country)	U.S.A	F WHAT COUNTRY
13.	FATHER'S NAME David L. Finney		14. MOTHER'S MAIDEN N		, ,	,
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give wor or dotes of service) Yes WW #1 215		rs.Alice K.	Finney	RockSy Bel A17	oringRd.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	for (a), (b), and (c).] Honory Staio Sollis	blominal stic C-V	aortie Ar	suppr 1	gear-
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION G	SIVEN IN PART 1(a) 19	P. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ED. (Enter noture of injury in			
MEDICAL	Haur a.m. While	Not while of work	LACE OF INJURY (Home, form potary, street, affice bldg., etc	n, 20f. (City or town)	(County)	(Slote)
	21. I certify that I attended the decease alive an 196. ACTUAL SIGNATURE PHYSICIAN'S Charles Richar	and that death	h accurred at 11-50	ADDRESS (Street, city or low	and on the dat	w the decease e stated above DATE SIGNE
220	Burial, CREMATION, REMOVAL (Specify) Burial Way2 1961	22c. NAME OF CEMETERY C	emeterv	22d. LOCATION (City, fown	, or county)	(Stote)
22	FUNERAL DIRECTOR'S SIGNATURE W. Bro	adway & Wil	liams 240. REC'	D BY REGISTRAR 24b. REG	GISTRAR'S SIGNATUR	Ę,

Bel Air. Maryland

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RESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If Institution: Rasidence before edmission e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) BOX 408 BOX 408 completely papers. n 72 ho NAME OF DECEASED OF (Type or print) DEATH carbon S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In Yeers | IF UNDER 1 YEAR last birthday) and Days WIDOWED physician 940 10e. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME WILSON ARMED FORCES? 16. SOCIAL SECURITY NO R.J. W. # 1 Box 402, 15 21 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH HROMBOSIS IMMEDIATE CAUSE (e) DUE TO gave rise to immediate cause DUE TO (e), steting the underlying ceuse last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 2Db. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Part II of item 18.) 2Do. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, ferm,) 2Df. (City or town) (County) fectory, street, office bldg., etc.) While Not While et work attended the deceased from ... The (this hospital) , and that death occured at M.M., from the causes and on the date stated above. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. O HOSPITAL death, Page 4 O FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) ector, 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, | 23b. DATE THEREOF (City, town gr county) REMOVAL (Specify) à di OI 256. REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60

a. IS RESIDENCE ON A FARM?

YES NO

196/ IF UNDER 24 HRS.

> PERFORMED? NO -

> > (Stete)

22b. DATE

(Stete)

SIGNED

Hours

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Re	g. Di	t. No.

	Reg. Dist. No.
	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
7	Harford Maryland Maryland Harford
1/	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
	Aberdeen (Rural) Aberdeen (Rural
	d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE
	R.D. #3, Box 250 R.D. #3, Box 250 YES NO X
	3. NAME OF DECEASED First (W1111 Middle Lost 4. DATE Month Doy Year
L	(Type or print) WILLIAM R. HOWARD DEATH April 6, 19 61
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 HRS.
	Male White Widowed Divorced Mar. 23, 1000 81 yrs.
1	100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 105. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country)
	Seaman (Ret.) Shipping Ind. Maryland U.S.A.
1	13. FATHER'S NAME
L)L	Dyckes Howard Magdaline Bradshaw
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address BOX 254
	No Wm. H. Howard, R. #3, Aberdeen, Md.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CENCOUR MREMORY MAGE WEEKS
	331X DUE TO
	Conditions, if any, which) (b) Argerial Hypertension & Weeks
1	gave rise to immediate couse (a), stating the under-
	lying couse lost. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	Hour o. m. While Not while foctory, street, office bldg., etc.)
	p. m. 19 at work at work
	21. I certify that I aftended the deceased from 19 to 19 to 19 that I last saw the deceased
	alive an and that death occurred at 4.150 M, from the causes and an the date stated above
	ACTUAL ADDRESS (Street, city or town, stote) ACTUAL ADDRESS (Street, city or town, stote) DATE SIGN
	SIGNATURE V MMV - 100 WWW MD. 8 Law Street H-7-6
	PHYSICIAN'S PETER P. RODMAN, M.D. Aberdeen, Md.
1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City. town, or county) (Stote)
-	Burtal 4/8/61 Spesutia Cemetery Perryman, Maryland
12	Tari Ing Puller at Home
11	Aberdeen, Md. DATE APR 11 '61 Outher S. Thous

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be may be retained by hospital or attending physician.

TO FUNERAL DIRECT VS A15 (4) 15M 10/57

executed within 24 haurs after death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION, OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) after a. IS RESIDENCE ON A FARM? NO DATE Month DECEASED OF (Typa or print) DEATH DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Hours WIDOWED DIVORCED 6, 1892 Jan. physician USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working tife, even if retired) Farm 13. FATHER'S NAM please 14. MOTHER'S MAIDEN NAME attending Then Box 178 Address R.D. (Yes, no, or unkown) | (Ifyesgivawarordatasofsarvice Jersey Sr. Aberdeen, Md. Mrs. Albert No 5-34-0096. 18. CAUSE OF DEATH [Enter only ona causa per ling for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? NO F use prior 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH for beda 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, (County) (Stata) factory, straat, offica bldg., atc.) Whila Not While Hour a.m. at work p.m DIRECTOR: 21. | certify that (I) (this hospital) ettended the deceased from saw the deceased alive on. 22b. DATE ATTENDING. SIGNED death. Page 4 n DIRECTOR PHYS. PHYS. M.D. PHYSICIAN'S 22d. ADDRE director, post be filed w 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) REMOVAL (Spacify) Abingdon, St Francis Cemetery Maryland Burial 24 JUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Tarring AD Füheral Home VR A15 (4) DATE APR 1 2 '61 15M 9/60 arthur S. Thous Aberdeen, Md. John Tarring

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VR A15 (4) 15M 9/60

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MAKIL	AND STATE DEPARTMENT OF HEALTH	
DIVISION OF STATISTICAL RESEARCE	CH AND RECORDS, 301 W. PRESTON STREET, BALTIA	AORE 1, MARYLAND
4349	CH AND RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	043

1	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Wirera daceasad lived, If Institution: R	asidanca before admission)
1	Hactord MARYLAND	a. STATE D. COUNTY	tartind /
1	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF TAY IN 16	c. CITY OR TOWN H outside corporate limits, write RURAL and	giva nearest town)
ŀ	Havre de (Frace 2 das	H berdeen	
, -	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street add/ess)	d. STREET ADDRESS	a. IS RESIDENCE
	Hartrad Managal Har	1 21 Dances St	ON A FARM?
1	3. NAME OF First Middle	Last 4. DATE Month	Day Yaar
	DECEASED (Typa or print)	7. L OF DEATH 4	11) 10/1
-	5 SEV 14 SOLON DA PASSEL	DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
V			Days Hours Min
/ -	100 LISTAL OCCUPATION (Similar Land And Andrew Company)	afril 9, 1961 yrs.	18 30
1	10a. USUAL OCCUPATION (Giva kind of work done during most of working life, aven if ratirad)	Y 1 BIRTHPLACE (County) State, or foraign country) 12. CITI	ZEN OF WHAT COUNTRY?
-		Ta.	ualt
	13. FATHER'S NAME A + P	14. MOTHER'S MAIDEN NAME	
	Joken d. Johnson	mary Viles	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I (Yes, no, or unkown) (Ifyasgivewarordatasossevice)	NFORMANT	
1			
	18. CAUSE OF DEATH [Enter only one causa par line for (a), (b), and (c).]		INTERVAL BETWEEN
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	atalentario partial	ONSET AND DEATH
1	76/5 DUE TO		
1	Conditions, if any, which \ (b) / Namalenette	- 30h 13	1.
ı	gave rise to immadiata cause		0
	(a), stating the underlying DUE TO	eneration O Placenta -	1 day
1	(6)	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 1 19. WAS AUTOPSY
Т			PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	. (Enter natura of injury in Part I or Part II of item 1B.)	YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Line) helde of highly in real porter is of held to.)	
- 1		CE OF INJURY (Homa, farm, 20f, (City or town) (Cour	nty) (Stata)
	Hour a.m. While Not While factor	ory, street, office bldg., etc.)	ily) (Siala)
	p.m. 19 at work at work	000.0	
1	21. I certify that (I) (this hospital) attended the deceased from a	APRIL9 1961, to APRIL 10, 19	, that (I) (we) last
1	saw the deceased alive on 17 51 10 19 61, and that	death occured at	
1	22a. SIGNATURE	ATTENDING MED STAFF	22b. DATE
1	muy where M.		4/11/61
	22c. PHYSICIAN'S NAME (Typa) FRANK WILLIAM & GO - N	22d. ADDRESS	and
	I HAMA DOULDER!	IN HATORE DE GRACE	<i>[] [[[[[[[[[[</i>
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY, C	OR CREMATORY 23d. LOCATION (City, town or county	(Stata)
-	Cremation 4-11-61 HARFERD ME	MORIAL HOSP HAVECLE TRI	ace, Ild
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	IGNATURE
1	Harry & Eully administrate	n DATE 4/10 PR 1 4 '61 Civilia	of S. Krous
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OF STATISTICAL RESEARCH AND RECORDS. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission a. COUNTY b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RORAL and give nearest town) c. LENGTH OF STAY IN 1b filled in papers. Pages 1 n 72 hours after Pages 1 e. IS RESIDENCE ON A FARM? YES NO completely DECEASED DEATH (Typa or print) carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. AGE (In years | IF UNDER 1 YEAR and last birthday) Months Days Hours WIDOWED X certificate physician USUAL OCCUPATION (Giva kind of work remove 12. CITIZEN OF WHAT COUNTRY? during most of working lifa, even if ratirad) any MAIDEN NAME 14. MOTHER'S please attending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) (Ifyasgivewarordatasofservica) 1B. CAUSE OF DEATH (Entar only one cause per line for (a), ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 mis IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immadiata causa DUE TO (a), stating the undarlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? as NO use prior 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH for 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) Month, Day, Yaar factory, straat, offica bldg., atc.) Not Whila Whila at work at work CIOR: M, from the causes and on the date stated above. and that death occured an saw the deceased alive DATE ATTENDING SIGNED DIRECTOR PHYS. M.D. PHYS. TO HOSPITAL death. Page 4 TO FUNERAL 1 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Plunkett Jr. Aberdeen. Md. Bel Ave. Air (State) 23a, BURIAL, CREMATION, 23b. REGISTRAR 25b. REGISTRAR'S SIGNATURE wary/an VR A15 (4) 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND

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1. PLACE OF DEATH

TIMORE 1, MARYLAND DIV

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2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE

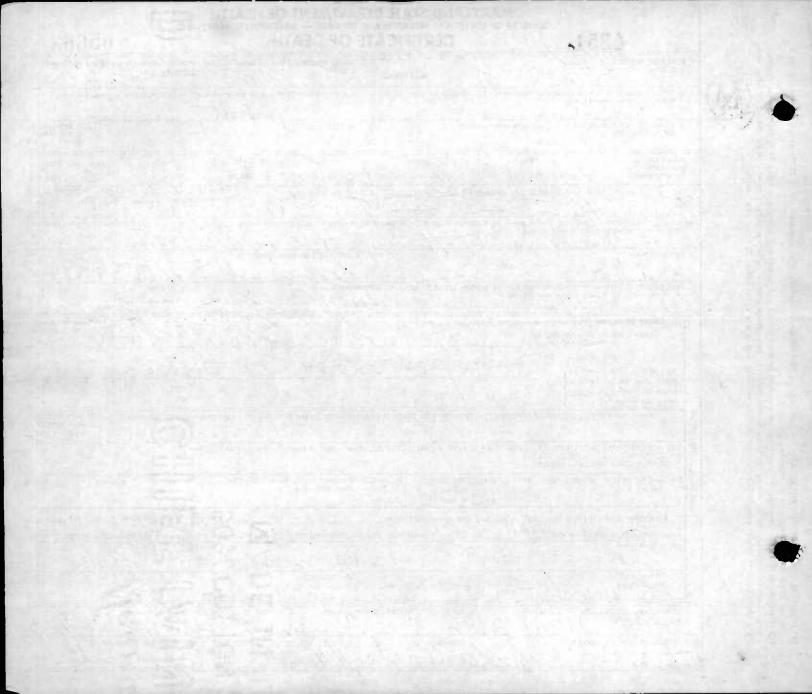
b. COUNTY

	cto	3	
	PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directa	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon popers. Pages 1 and 2 should be filed wit	>
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may be remained a naspilal or allenging pliysicial.	5	e d	the State Board of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death
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3	S	de	Ste
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TO HOSPITAL OR A ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

VR A1S (4) 1SM 9/59

(ANT)	b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town 1 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest	5
X		IDENCE FARM? NO
	(Type or print) Amy 1905 Lackey DEATH April 10	Year 1961
	S. SEX S. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs Yes. WIDOWED DIVORCED Feb. 13 1882 9. The second of the second o	Min.
Z ndors o	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign contry) 12. CITIZEN OF WHAT (during most of working life, even if retired) 13. FATHER'S MAIDEN NAME	OUNTRY?
<u> </u>	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	_
y even	[Yes, no, or unknown] (If yes, giver wor or dates of service) Mr. August dacker 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),]	TWEEN
מפו, מחס וח מח	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which) (b) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACME CAVALAC POCOM JOS MAY ONSET AND DUE TO Conditions, if ony, which)	
on, ar rema		RMED?
di, cremari	YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	NO [4
to of	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Nat while at wark at wark at wark 20f. (Caunty)	(State)
ealm pria	21. I certify that (I) (this haspital) attended the deceased from 1963, to 1964, that (I) (saw the deceased alive an 1964, and that death accurred at 1964, from the causes and an the date stated 220. SIGNATURE)	
oard of m	ATTENDING MED. STAFF DIRECTOR	SIGNED
State 60	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (Store the county) (Store the county)	ind
art K	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE MAY 2 '61 ONLING 15 HOUSE	114,
	The state of the s	



MARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Pages DECEASED (Type or print) DEATH AGE (In yeers | IF UNDER 1 YEAR last birthday) Months June WIDOWED X DIVORCED 12. CITIZEN OF WHAT COUNTRY? most of working life, even if retired) Home 13. FATHER'S NAME please WAS DECEASED EVER IN U.S. ARMED FORCES? loval, (Yes, no, or unkown) | (If yes give war or dates of service) None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). IMMEDIATE CAUSE (a) /4 Conditions, if any, wait gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 35 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that (I) (this hospital) attended the deceased from. M, from the causes and on the date stated above saw the deceased alive op. and that death occured at ... 22a. SIGNATURE ATTENDING MED. DIRECTOR PHYS. PHYS

TO HOSPITAL death. Page 4 director, be filed VR A15 (4) 15M 9/60

filled in

completely

and

physician

attending

24 FUNERAL DIRECTOR'S SIGNATURE

Riverside Cemetery Tarring APUMeral Home

Aberdeen, Md.

23c. NAME OF CEMETERY OR CREMATORY

22d. ADDRESS

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION (City, town or county)

. IS RESIDENCE ON A FARM? YES NO NO

19 IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED

> > (Stete)

Deys

APR 11 '61 arthur S. Trans DATE

Andre Weiss, M.D.

22c. PHYSICIAN'S NAME (Type)

REMOVAL (Specify)

Removal

23e. BURIAL, CREMATION, | 23b.

TENERS TO CHARLE the same discounted the properties is the landers with 12 House 2 Style 18 Committee on the style 1897 - 53 10 A. J. U. L. SANGER SANG Hope a state of the state of the second the street of the water of the water ALLEY OF CHARLES a o general control A move to 10/8/ML Street and Carly Timeein, Not Estreet the Tannant Tannant Tolker (1981) Line to the state of the Conternal . - Datol

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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<u> </u>	CERTIFICAT	E OI DEAIII	114340
1. PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY Maryland	Residence before admission) Cecil
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Havre De Grace	1 Day	c. CITY OR TOWN (If autside carporate limits, write RU Port Deposit	JRAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospitol, give street of INSTITUTION Memorial Hos		d. STREET ADDRESS 119 N. Main Street	e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF First DECEASED (Type or print) Wilson	Middle M	cDougal 4. DATE OF DEATH Ap	ril 6, 19 61
5. SEX 6. COLOR OR RACE 7. MARR White Widows		April 7, 1898 9. AGE (In years last thday) yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter U.			U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Charles R. McDoug		Sarah Stewart	
(Yes, no, or unknown) . (If we give war or dates of service)		melia C. McDougal, Per	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Canditions, if any, which gave rise to immediate cause (o), stating the under-lying cause lost.	bor Promise	rt tailure oria Left Rung grition- e Fluis	2 day
PART II. OTHER SIGNIFICANT CONDITIONS O	CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRED	. (Enter noture of injury in Part I or Part II of item 18.)	
Haur a.m. While	NJURY OCCURRED 20e. PLA Nat while k at wark	CE OF INJURY (Hame, farm, 20f. (City or town) ary, street, affice bldg., etc.)	(Caunty) (State
21. I certify that (I) (this hospital) attends saw the deceosed alive on		Narch 31, 1961, ta Gard- eoth accurred of 5AM, from the couses on	5, 1961 that (1) (we) losed on the dote stated above
220. SIGNATURE CONCRED HAS	noon "	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS.	Shull G
22c. PHYSICIAN'S NAME Typel Clarence I. Benso	n	PORT DE POSITI	md-
230. BUPAL, CREMATION, 23b. DATE THEREOF BURIAL 4-9-1961	23c. NAME OF CEMETERY OF	CREMATORY ingham Cem 23d. LOCATION (City, town, c	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Perryvil	1. 11.2	STRAR'S SIGNATURE

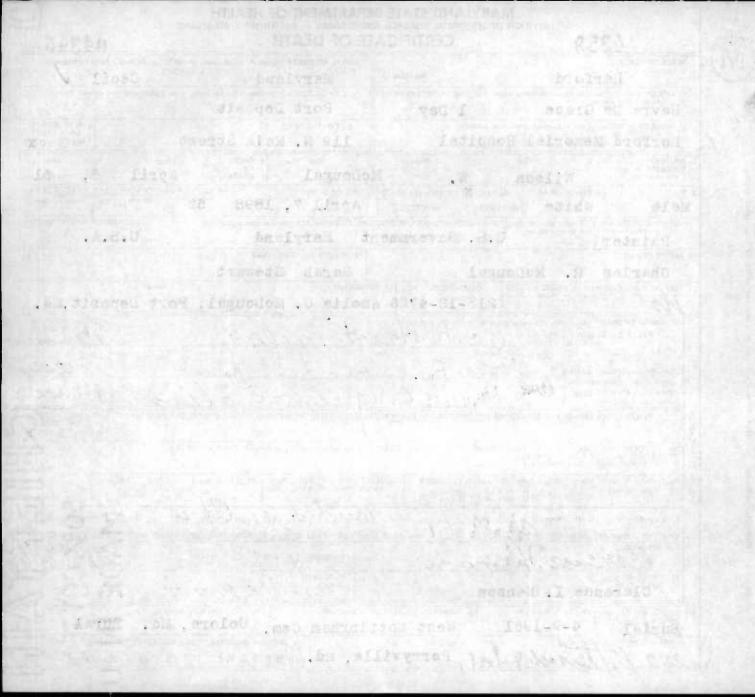
TO HOSPITAL OR ATTAINING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after 14th. Page 4 may be revained the property of the physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forest director, page 3 should be detached for use as the buriol-transit permit. Then please remaye corban pages 1 and 2 should be filled with the State Board of Health prior to buriol, cremation, or removal, and in any event, within 72 haurs after death.

th. Poge 4

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after

VR A15 (4) 15M 9/59



TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hours after a death. Page 4 m. Be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in 5y the funeral a director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

()4347

1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission)
	a. COUNTY HARFORD MARYLAND	. STATE MARYLAND b. COUNTY HARFORD
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	c. CITY OR TOWN (If butside corporete limits, write RURAL and give neerest town)
	HAURE OF GRACE 2 DAYS	Edgewood
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREM ADDRESS o. IS RESIDENCE ON A FARM?
1	ARFORD MEMORIAL HOSPITAL	BAX 466 SNOW Rd., YES NOXX
3.		Last 4. DATE Month Day Year
	(Type or print) HdA CATHERINE	MILLER DEATH APRIL 10 19 61
5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	DATE OF BIRTH 9. AGE (III years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey Months Deys Hours Min.
1		pril 21, 1889 71 yrs. 1889 10015
	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Housewile Home	NORTE CAROLINA U.S.A.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Caleb Winebarger	Elizabeth Miller
11:	• WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1	NFORMANT Address Box 466
	No J.	Glenn Miller, Snow Rd. Edgewood, Md.
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	EN A SET WITH THE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	
	334X DUE TO	
L	Conditions, if any, which (b)	
	gave risa to immediate ceuse (a), steting the underlying DUE TO	
	ceusa lest. (c)	
NO	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
CAT		YES NO 🔀
CERTIFICATION	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter neture of injury in Pert I or Pert II of item 18.)
MEDICAL	t _e a	CE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
MED	Hour a.m. While Not While et work et work	ory, sireel, office blug., etc.)
	21. I certify that (I) (this hospital) attended the deceased from	April 8 , 19 61 to april 10th 1961, that (1) (we) last
	saw the deceased alive on	- 20 1
	22e. SIGNATURE	22b. DATE
	Soul Sunt	D. PHYS. DIRECTOR PHYS. SIGNED
	22c. PHYSICIAN'S	22d. ADDRESS HARFORD HEHORIAL
П	NAME (TYPO) HOGO SILVA	HOST. HAR FULD MEMBERAL
2:	BELOVAL (Specify)	OR CREMATORY 23d. LOCATION (City, lown or county) (State)
	Removal 4/10/61 Hopewell Me	ethodist Cem. R.D. 2, Boone, N.C.
2		256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
1	John 9 8 arring - Aberdeen, Md.	DATE APR 12'61 Orthur S. Kraus
7		

1.80H FRODER HERETS HILL OF CORD STORES SOLD ENCOUNT THE FEW THE MINISTER MESTERS AND A SUN ASSESSMENT OF THE STATE OF THE SECOND STATE OF NOTE OF TOTAL SECTION STRUCTURE TO THE TOTAL SECTION I & may = page 1 | 1889 | 1 | 1889 | 11 | 1 | 1889 | 11 | el twenter The the feet of a hard of the esemblani (islan CALL COMMANDE a. Glenn 111er, Tee Rd. Edgewood, the state of the state of the state of The forest of the state of the description of the state of the Parvire Acerdena Howe Parvire Acerdena Rome

by the funeral TO HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the death. Page 4 m. A retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after dept.

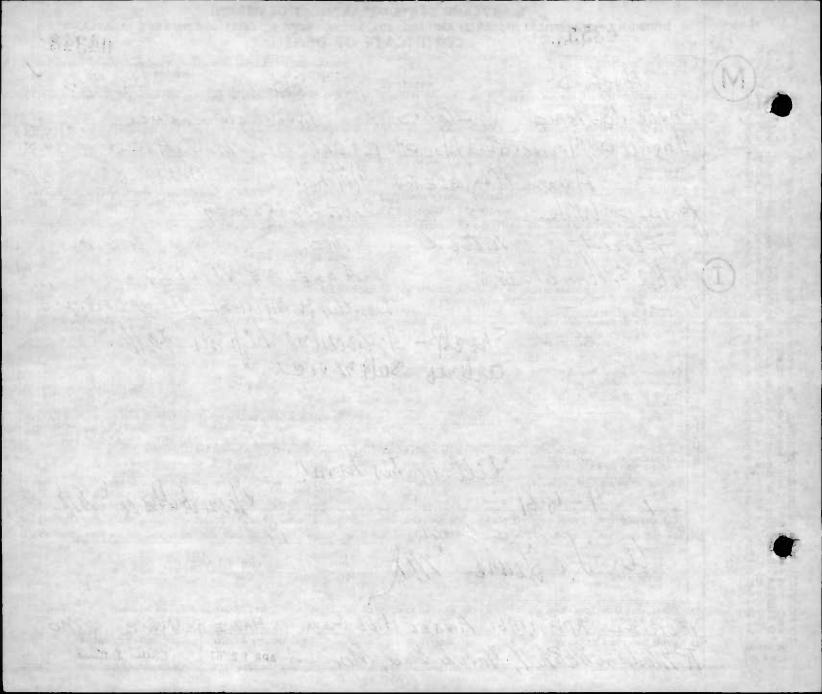
15M 9/60

ours after

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OPSTATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04348

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Whare dacaesed lived, If institutions Residence before admission
	a. COUNTY 1+ APFORD MAR	RYLAND B. STATE NO. B. COUNTY HARGED
	by CITY OR TOWN (if outside corporate limits, c. LENGTH OF S	STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	HAURE de JRACE 26 ha	es Have de Meare
>	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give great ad	ddress) d. STREET ADDRESS O. IS RESIDENC
VA.	HARFORD MEMORIAL HOS	P.TAL 601 SOUNION AVC. YES NO
	3! NAME OF First Middle	10 Last 1 4. DATE Month Day Year
-	(Typa or print) HANALE	TON MITCHELL DEATH HPRIL 8 1961
	5. SEX 6. COLON OR RACE 7. MARRIED NEVER MARI	
	Keyple White WIDOWED X DIVORI	- I I I I I I I I I I I I I I I I I I I
	dona during most of working life, evan if ratired)	OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTR
	Florest Retired	Mp. U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Vah NS. HAMBLETON	ANGELINE VIILLEY
	15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (ves, no, or unkown) ((Ifyesgive werordatasofsarvice))	
		Dorothy H. MITCHELL HAVREDEGRACE
	18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and	d (c).] P T 2 P. 1 ~ Y 1 INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Hadwal hip us tall
	704.0 DUE TO	The state of the s
	Conditions, if any, which \ (b) Quellus	Salerpeie
	gave rise to immediate cause (a), stating the underlying DUE TO	
	causa last. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED?
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BE. 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR OR CONTRIBUTING CAUSE OF DEATH 10	YES NO
	20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJUR	RY OCCORED. (Enjoy hatura of injury in Part I or Pert II of itam 18.)
	1500 111	her home
L	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not While at work at work	D 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) / (County) (Stata) factory, streat, office bldg., etc.)
	Hour a.m. 4 - 4 1961 While at work at work	Harry de Styra Mis
	21. I certify that (I) (this hospital) attended the decea	ased from, 19, to, 19, that (1) (we) la
		, and that death occured at
	22a. SIGNATIONE	ATTENDING MED. STAFF 22b. DATE SIGN
	le de dours /	M.D. PHYS. DIRECTOR PHYS.
	22c. PHYSICIAN'S NAME (Typa)	22d. ADDRESS
0		
X	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF REMOVAL (Specify)	F CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata)
0	BURIAL APRIL1961 ANGE	
1	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
1	1. Madison Milchell Havrede &	DATE APR 12'61 Cellun S. Kraue



1	1	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
	11	4356 CERTIFIC	ATE OF DEATH Reg. Dist. No() 4349
the Fral director,		1. PLACE OF DEATH o. COUNTY Harford MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Harford
eral	M	b. CITY OR TOWN (If outside corporate limits, write RURAL and give newest town) and R.D. 5 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Abingdon
> >	0 14	d. NAME OF HOSPITAL (If not in hospital, give street oddress) Harriord Convalescent Home	d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{T} \)
led in		3. NAME OF First Middle DECEASED (Type or print) Christine -	Moulsdale 4. DATE Month Day Year Of DEATH April 24 1961
campletely filled in b		5. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED VIONCED VIONCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost by thdoy) Months Doys Hours Min.
campl	72 hours offer death.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDI- during most of working life, even if retired)	
puo	e o	Housewife -	14. MOTHER'S MAIDEN NAME
ician	T	Daniel Schillman	Mary Myers
physician	A PARTIES	IVes an ac unhanged . Iff we also was as dates of social	INFORMANT Address
- Bu	22 L		Mrs. Mildred Davis Abingdon, Maryland
attending	en please	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	INTERVAL BETWEEN ONSET AND DEATH
y th	e e e	334X DUE TO	
0	d in any	Conditions, if any, which gove rise to immediate couse (a), stoting the <u>under-lying couse lost.</u> (b) DUE TO	
hysician s been	val, and	(6)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
ding p	or removal,	PAM JI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERFING 200. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO ED. (Enter nature of injury in Port I or Port II of item 18.)
ol or atter his certific	or use as m cremation, c	Z 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. P	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) octory, street, office bldg., etc.)
After 1		21. I certify that I attended the deceased from. 7-2	2-, 1961, to 4-24, 1961, that I last saw the decease
0 ::	burial	alive on 123, 19 61, and that deat	h occurred atM, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE
ned b:	prior to	ACTUAL SIGNATURE LOVALUE C Palmer	MO. BelAir, Nd 4-25.
RAL	oge a should he registror pi	PHYSICIAN'S GEYOLD C 12/MET	- M 0
may b	poge J	220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) Burial Apr. 26, 1961 Cokesbury M	M
2	K	23. FUNERAL DIRECTOR'S SIGNATURE Howard K. McComas & Son Abingdon, Me	arvland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 15M 9/5	5	What did the will	DATE ADR 2 7 '61 O dear 1. Times

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION	OF STATISTICAL RESE	CERTIFICATE		_	BALTIMOR	i, MARY	114250
1. PLACE OF DEAT	H		2. USUAL RESIDE	NCE (Where dec	eased lived, If Inc	stitution: Residen	nce before edmissio
•. COUNTY	Harford	MARYLAND	e. STATE Mai	ryland	b. COUNTY	Harfor	rd
b. CITY OR TOWN	(if outside corporete limits, d give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corpo	rete limits, write I	URAL end give	nearest town)
Aberdeen	d give neerest town)	25mins	Aberdeen	2		6	
d. NAME OF HOSP	ITAL OR INSTITUTION (if not in	hospital, give street eddress)	d. STREET ADDRESS	S			e. IS RESIDENCE
	y Hospital		60 Swan	Street		1	YES NO
3. NAME OF DECEASED	First	Middle	Lest	4. DATE OF	Month	Dey	Yeer
(Type or print)	MARIE	ANN NI	COLETTE	DEATH	April	30	1961
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED X B	. DATE OF BIRTH	9.	AGE (In yeers II		IF UNDER 24 HR
Female	White WIDO	WED DIVORCED	April 30, 1	961	last birthdey) yrs.	Months Deys	Hours Mis.
10e. USUAL OCCUPA	TION (Give kind of work 10b	. KIND OF BUSINESS OR INDUSTR				12. CITIZEN C	OF WHAT COUNTS
done during most of w	orking life, even if retired)	N/A	Marylan	d		US	iA .
13. FATHER'S NAME			14. MOTHER'S MAIDE	NAME			
MICHAEL	A. NOCOLETTE		NORMA J.	GARCIA			
15. WAS DECEASED E		16. SOCIAL SECURITY NO. 17. I	NFORMANT		Address		
NT /A	N/A	M/A M	ichael A. N	icolette	(Father) same	as #2
18. CAUSE OF	DEATH [Enter only one cause p		2011402 116 11			I IN	TERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO	Severe Prematuri	ty			Of	25 mins
Conditions, if an							
geve rise to immer	diete ceuse		=				
(e), steting the	underlying DUE TO						
ceuse lest.) (c)						
PART II. OTHI	R SIGNIFICANT CONDITIONS	ONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERM	MINAL DISEASE C	ONDITION GIVE	A IN PART I(e)	PERFORMED?
CAT							YES NO
OR CONTRIBUTING	VAS UNDERLYING [20b. 1 G [CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury i	n Pert I or Pert II	of item 1B.)		
20c. TIME OF INJ Hour e.m.	W	od. INJURY OCCURRED 20e. PLA thile Not While fact work et work	CE OF INJURY (Home, fa ory, street, office bldg., e	rm, 20f. (City	or town)	(County)	(Stefe)
- P		ended the deceased from	April 30	1967 to	April 30	1067	that (I) (XXX) I
21. I certify	mai (i) waxayayayay an	30,1961, and that	رو. <i>ناور در الماليد الانا</i> ليم	OK 512 mc	مى ، مسد عمو ها.	ad on the d	ate stated abo
	ised alive onApr. L1	JUIVO.T, and that	death occured au.	Mariarom	rne causes a	na on the a	22b. DATE
220 SIGNATURE	uk Eine	uter "	.D. PHYS.	MED.	STAFF PHYS.	April	SIGN
22c. PHYSICIAN'S	1		22d. ADDRESS U	S ARMY H	HOSPITAL		
NAME (Type	MARK EISENST	EIN Captain MC	Aberdeen	Proving	Ground.	Marylan	d
REMOVAL (Specify	TION, 23b. DATE THEREOF	23c. NAME OF CEMETERY			TION (City, town		(State)
Burras	U 17 May	., .	1			STRANG CICIL	TION, CE
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	1		RAR 25b. REGI	STRAR'S SIGNA	
Hohm	U larrer	ng alberdeen	2 Malbarth	AY 5 '61	an	21. 10000	

TO HOSPITAL OF SITENDING PHYSICIAN: The law requires that the death certificate be executed within the clean death. Page 4 me retained by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the function, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be detached for use as the burial, cremation, or removal, and in any event, within 72 hours after death.

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CERTIFICATE OF DEATH

Reg. Dist. No

()	4	3	5	4
11	-	13		

2000		
1. PLACE OF DEATH o. COUNTY Farferd Many MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY b. COUNTY	e before odmission)
b. CITY OP TOWN (If outside carporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If autside carposete limits, write RURAL and g	ve nearest town)
d. NAME OF HOSPITAL (If nat in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	400 alliance	YES NO Z
3. NAME OF DECEASED (Type or print) First Neme (Detero 4. DATE OF DEATH 4/1/6/	Day Year
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	1-41-4	YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired)		ZEN OF WHAT COUNTRY?
13. FATHER'S NAME Devoquin	March E. Filler	
	NFORMANT Deles 452 Address	u De
18. CAUSE OF DEATH [Enter only one cause per tipe for (a), Ab), and (b).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	cardial Infarction	INTERVAL BETWEEN ONSET AND DEATH
Canditions, if ony, which gave rise to immediate cause (a), stating the under- lying cause last.	Womboos	2-days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I ar Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLA Hour a. m. 19 While Nat while at work at work	ACE OF INJURY (Home, farm, 20f. (Gity or tawn) (C ctary, street, affice bldg., etc.)	ounty) (State)
21. I certify that I attended the deceased from 20, 20 alive an 1901, and that death	accurred at R. 20PM, from the causes and an th	ast saw the deceased
ACTUAL HOSER TOPPUNI	ADDRESS (Street, city or town, stole)	DATE SIGNED
PHYSICIAN'S Edward C. LOO, M.D.	Havre de Grace,	hid,
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOSSATION (City, Jown, or poughy)	e Md.
23. GUNERAL DIRECTOR'S SIGNATURE 1 ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE

al director, TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or ottending physicion.

O FUNERAL DIRECT After this certificate has been signed by the ottending physicion and completely filled in by the the page 3 shauld be detached for use as the buriol-transit permit. Then please remave carbon papers. Pages 1 and 2 shault the registrar priar to buriol, cremation, or remaval, and in any event within 72 hours ofter death. may be retained by

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH 4359 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) MONULIM d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Gerar heamery YES NO DE NAME OF Middle 4. DATE Month Day Year DECEASED arman DEATH (Type or print) 196 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months male WIDOWED K DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (Stote or foreign, country) 12. CITIZEN OF WHAT COUNTRY? (0 gardine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address NO 8 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY immed. IMMEDIATE CAUSE (o) DUE TO lerotic Cardiovasey Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO me 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, 20d. INJURY OGOURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour 0. m While Not while none p. m MOMO 21. I certify that I oftended the deceased fram. that I last saw the deceased and that deoth occurred at 11: 25 P.M. from the couses and an the date stoted above. alive on_ ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 225. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) Church Clifton Forge Virginia Meth 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Brooks Funeral Service Towson 4.

DATE

0 VS A15 (4) 15M 10/57

in the community of the

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH**

04353

Reg. Dist. No.

LACE OF SEATH MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
CITY OR JOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
I. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS ON A FARM? YES NO
IAME OF PECEASED Type or print) Whiddle He.	Ton Lost 4. DATE /Manth/ Day Year OF DEATH 4/8/6/ 19
Ale Married NEVER MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years last birthday) Nonths Days Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) General County Coun	ter Harford Furnace, Md U.S. A.
James 11 Creston	Jane Cullum
NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. no. or unapown) [III yes, give wor or dates of service] Mikemun 7.	inda P. Preston Thered There Md.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	interval Between onset and Death
Conditions, if any, which aver rise to immediate (b) Mexicote	I failure - Carcinomatais i month
lying couse lost. (c) Julianotu	t Carcinoma Syrans.
	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. While 19 of work 19	PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that I attended the deceased from June alive an alive S , 1961 , and that dea	th accurred at
ACTUAL MIL Wallet UnD	ADDRESS (Street, city or town, stole) DATE SIGNED M.D. ZOO NORTH UNION AVE 4/10/6/
PHYSICIAN'S FRANK WOLBERT I	MI) HAURE DE GRACE MARYLAND
BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE ADDRESS	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	COUNTY OR TOWN (If outside carporote limits, with a c. LENGTH OF STAY IN 16 RUKAL and give neorest town) NAME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME OF HOSPITAL (If not in hospital, give street oddress) AME (Type) BURIAL CREMATION, IZIB. DATE THEREOF IZZC. NAME OF CEMETERY BURIAL CREMATION, IZIB. DATE THEREOF

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(14354)

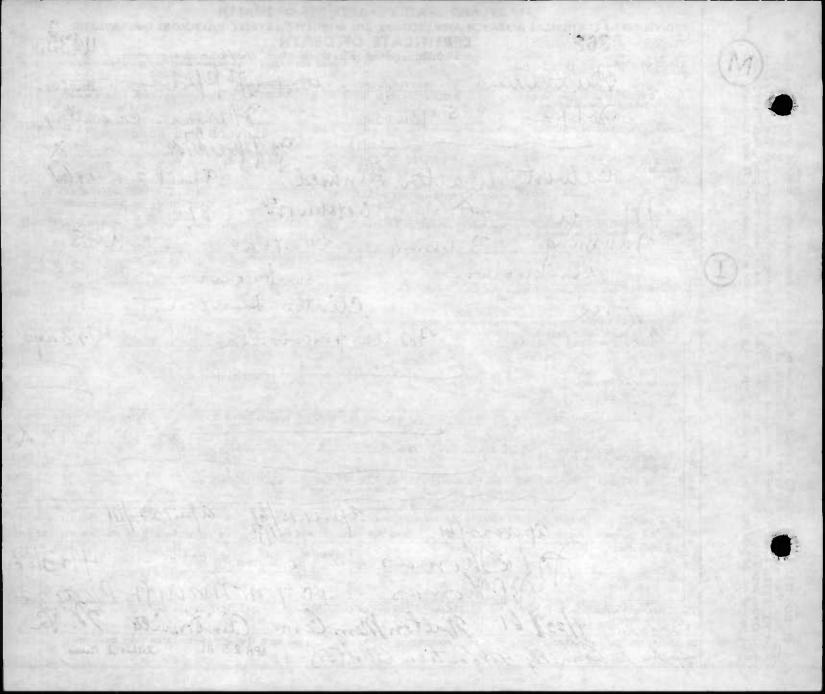
	1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission)
4	Harford MARYLAND	o. STATE Maryland b. COUNTY Cecil
	b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN (Noutsida corporate limits, write RURAL and give neerest town)
	write RURAL and give hear (town)	Perryville 07x-
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS , o. IS RESIDENCE
1	515 Girard Street	R.J. D.#1 BOY 38 VES NO N
	3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year OF
	(Type or print) Valentine). Le	comony DEATH 4 26 1961
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days Hours Min.
	Male negro widowed DIVORCED []	Gerch 22, 1880 8/ 415. X 4
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	Laborer (General)	Chanceford, Va. U. S. C.
	13. FATHER'S NAME	14. MOTHER'S MARDEN NAME
	Peter E. Luomony	Mary (no Record)
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unknown) (Ifyesgivewarordetesofservice)	INFORMANT Address
	no - none m	us. Else Luomony, Perryrelle, Md.
	18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremiq	
	DUE TO	
	Conditions, if any, which (b) thepertensive Car	rdiovascular disease
	geve rise to immediate cause (a), stating the underlying DUE TO	
	cousa last. (c) Renal Insuffice	iency
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	TV	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)). (Enter neture of injury in Part I or Part II of Item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	Hour a.m. While Not While p.m. 19 et work at work	
	21. I certify that (I) (this hospital) attended the deceased from.	10/12 1960, to 4/26 196/, that (I) (we) last
		death occured at 9:00 M, from the causes and on the date stated above.
	22e. ANATURE	ATTENDING MED, STAFF , SIGNED
	George J. Stansbury.	A.D. PHYS. DIRECTOR PHYS. 1
	22c. PHYSICIAN S	22d. ADDRESS
	George T. Stansbury	569 Revolution St. Houre de Grou, Maryland
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (State)
5	Burial 4-30-61 Cokestury	Methodist Colesbury, Cecil, Ma.
5	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 556	Cercolt, 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
	Chner Bullock Havre de Su	ice Med DATE MAY 1 '61 arthur S. Krans

Stores de Barrer Super Branch and Branch x 1/2 5881 537 49 5 Peter E. Swoneny Charles and the second Dernost Hypertension Cardiny and on I seems Rend I would free may 4/25 61 11/12 60 4/26 they I studenly 4/28/61 Conge T. Stanburg Str Redution St. Horn & Grown Mighting 4-35-61 Collections Mathedish Collections Start Me Character Level and Bure Hall and the to the water I think

DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission) 1. PLACE OF DEATH Harford a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 limits, write RURAL and give nearest town) c. CITY OR write RURAL and give neares town) filled . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give strage addrass) d. STREET ADDRESS ON A FARM? YES X NO papers. completely 3. NAME OF Day DECEASED OF DEATH C (Type or print) 6. COLOR OR RACE AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. birthday) and WIDOWED DIVORCED physician 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working fife, even if retired) armino 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and in a attending 16. SOCIAL SECURITY NO. 17. INFORMAN Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give war or datas of sarvica) the permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN ONSET AND DEATH þ PART I. DEATH WAS CAUSED BY: physici days IMMEDIATE CAUSE (a) as been signed burial-transit pe DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY certificate PERFORMED? 30 use CERTIFICA 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 2Da. ACCIDENT WAS UNDERLYING P OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 4.1., that (I) (we) last, and that death occured at M, from the causes and on the date stated above. saw the deceased alive on. DIRE 22a. SIGNATURE ATTENDING MED. 3 DIRECTOR PHYS. PHYS. death. Page 4 filed with the HOSPITAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, | 23b. CEMETERY OR CREMATORY 23d. REMOVAL (Specify) 흥명 25a. REC'D BY REGISTRAR APR 2 5 61 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Thraces 15M 9/60 DATE

(State)

AARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 15M 10/57

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE, 18
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4363 CERTIFICATE OF DEATH

Reg. Dist. No. 04356

O. COUNTY HARFORD MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY ARRENDED O. STATE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION PECKED ROAD	d. STREET ADDRESS RECIPORD TOAD e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
3. NAME OF DECEASED (Type or print) Charles	1-4-172 4. DATE Month Doy Year OF DEATH April 16 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	mary upino USA
13. FATHER'S NAME WILLIAM SCHULTZ	MARY HEISE
(Yes. no, or unknown) ; (If yes, give wor or dates of service)	1/470m SCHULTZ FOZ REGEORD RD
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under. Lying cause last.	Arterio Sulerosis
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONDITION OF THE PART 1 (a) 19. WAS AUTOPSY PERFORMED? YES NO CONDITION OF THE PART 1 (b) 19. WAS AUTOPSY PERFORMED? YES NO CONDITION OF THE PART 1 (c) 19. WAS AUTOPSY PERFORMED? YES NO CONDITION OF THE PART 1 (d) 19. WAS AUTOPSY PERFORMED?
Zoc. TIME OF INJURY Month, Doy, Year Hour o. m. 19 Ot work at work 19 of work 19	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stole) tory, street, office bldg., etc.)
ACTUAL IN III	accurred at 6 th M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED M.D. M
220. BEMOVAL (Specify) REMOVAL (Specify) 11914 220. NAME OF CEMETERY OF CEM	R CREMATORY 22d. LOCATION (City. town. or caunty) (Stote)
ULIRICH FUNERALHOME GEORGE	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE BIST RIDATEAPR 18 161 Quilley S. Knows

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1 2 1		MARYLAND STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
T	4364	CERTIFICATE	OF DEATH	R

CERTIFICATE OF DEATH

Reg. Dist. No.

04357

1. PLACE OF DEATH o. COUNTY	larford		MARYL	26.	o. STATE	DENCE (Wh		d lived. If institution b. COUNTY		e before or	
b. CITY OR TOWN (I	f autside corporate timi	ts, write	c. LENGTH OF STAY IN	V 16		-		rote limits, write f			
Aberdeen	1 -	([e			X	Aberd	leen	(Rura	7)		
d. NAME OF HOSPIT	AL (If not in hospital, g		oddress)		d. STREET A		ice II.	() (ULL C	11/	e. tS	RESIDENCE
OR INSTITUTION	#3					R.D.	#3				N A FARM?
3. NAME OF	Fir	st	Middle		los	1	4. DATE	Moi	ath	Day	Year
(Type or print)	MAR!	CHA	ANNA		SEX	TON	OF DEATH	April		16,	19 61
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8.	DATE OF BIRT	н		9. AGE (In years	IF UNDER		INDER 24 HRS.
Female	White	WIDOWE	DIVORCED	OF	eb. 3	, 189	7	lost birthday)	Months	Days Ho	ours Min.
10a. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPL	ACE (State	or foreign c	ountry)	12. CITI	ZEN OF W	HAT COUNTRY?
	-wife	'	Home		N	orth	Caro	lina	U	.S.A.	000 mg
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME				
I	avid John	nson			R	ebecc	ca Ca	rson			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR				DRMANT	-0	150.2	Add	ress R	D. 3	
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2	23-12-6878	\$ J	oseph	0. 5	Sexto	n, Abe	rdeel	n, Mo	d.
Conditions, if or gove rise to it couse (a), stating lying cause last.	the under-)	TERIC Scl							/2	M UZL
CATI		1100				24.55					RFORMED?
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Doy, Yes		TRIBE HOW INJURY OCCURRED 2		Enter nature a				16		
ZOc. TIME OF INJUR Hour o. m. p. m.	19	While of work	Not while	factor	y, street, office	bldg., etc.)	or lown)	(C	ounty)	(Stote)
actual SIGNATURE	di attended the	decease _, 19	/	leath or	ccurred at		M, fran	the causes of the city or town,	and on th		
	Andre Weiss										/ 6/
220. BURIAL, CREMATIO REMOVAL (Specify)	4/17/6:		Atkins Co					tkins,		rgini	Stote)
23. FUNERAL DISECTOR	SSIGNATURE TO	Abei	ng 'Puheral	Но	me	240. REC'D	BY REGIST	4	STRAR'S SIG	1.4	

CERTIFICATE OF DEATH. PLANS NO. ISLUE . I don't be the total and the and the section of the property and an interest of the homeon from the contract of the contrac .Dr. Desimant

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

4366 CERTIFICATE OF DEATH

Reg. Dist. No. 04359

1. (PLACE OF DEATH	rd		MARYLAND	2. USUAL RES o. STATE	Md .	here deceosed	lived. If instituti b. COUNTY	on: Residen	ce befor	e admiss	ion)
	Edgewood		write c.	LENGTH OF STAY IN 16	c. CITY OR	TOWN (IF	outside corpore	ote limits, write R	URAL ond	give near	rest town	1)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION			ress)	A. STREET	ADDRESS				•		FARM?
	NAME OF DECEASED (Type or print)	First Otho		Middle E .	Show	st	4. DATE OF DEATH	Apr		7		Yee 1
5. 9	Male Male	TFL-1-1-	MARRIED VIDOWED	NEVER MARRIED DIVORCED	8. DATE OF BIRT		1885	AGE (In years last-lagthday) yrs.	IF UNDER Months	1 YEAR Days	Hours	ER 24 HRS. Min.
100	during most of work	ON (Give kind of work do ing life, even if retired) Staurateur		o of Business or incestaurant		ACE (Stote		intry)	12. CIT	IZEN OI	F WHAT	COUNTRY
13.	Jacob S	Show			14. MOTHER'S		Highba	rger			11	
		R IN U. S. ARMED FORCE (If yes, give war or dates of serv	inal I	3-32-2677	Mrs. Rut	n Pry	Show (wife) Ed		od, 1	Md.	
ATION	Conditions, if a gave rise to it cause (a), stating lying couse lost.	mmediate (Cus To	Cer	with.	Though melasta IT NOT RELATED TO			Y	/EN IN PAR	3	PERFO	DEATH
MEDICAL CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. g). p. m.	MEDICAL EXAMINER)	20d. INJUI	RY OCCURRED 20e. Not white of work	RED. (Enter noture of PLACE OF INJURY foctory, street, office	Home, form	n, 20f. (City o		(0	County)		(Stote)
	ACTUAL SIGNATURE	at I attended the a puil 7 MOST Fred O. Hode	, 126!	from Jan , and that dea	, 19 <u>5</u> 9 th occurred at _M.D	12 no		the causes of the city or town,	and on th		e state	
220	BURIAL, CREMATIO	N, 226. DATE THEREOF 4-10-61		est Haven C				ON (City, town, o	,,		(Stote	e)
23	Howard K	MCComas &	Son	Abingdon,	Maryland		D BY REGISTR	AR 24b. REGI	STRAR'S SIC	GNATUR	E	4 7 7

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN (I outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 b. CITY OR TOWN (if outside corporete limits, papers. 4. DATE DECEASED (Type or print) DEATH COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR ast birthdey) Months WIDOWED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired gov.employeeMAR4 Boiler Fireman 13. FATHER'S NAME please emoval, (Yes, no, or unkown) | (If yes give wer or detes of service) 213-16-4447 Mrs. Margaret White 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). PART I. DEATH WAS CAUSED BY: CARCINOMA OF LUNR IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. CERTIFICATION 20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, (County) 20c. TIME OF INJURY 20f. (City or town) Month, Dey, Yeer Not While factory, street, office bldg., etc.) While Hour e.m. et work et work 21. I certify that (1) (this hospital) attended the deceased from 3.... 19.6/., and that death occured at 4.50M, from the causes and on the date stated above.

e attending Then please the the his certifical as for DIREC O HOSPITAL
death. Page 4 0 VR A15 (4) 15M 9/60

filled

completely

and

physician

saw the deceased alive on.........

23e. BURIAL, CREMATION, 23b. DATE THEREOF

FUNERAL DIRECTOR'S SHENATURE

220. SIGNATURE

22c. PHYSICIAN'S

Apr. 12,1961 Churchville Presbyterian ADDRESS

23c. NAME OF CEMETERY OR CREMATORY

D. HIRSCH

M.D.

22d. ADDRESS

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DIRECTOR

23d. LOCATION (City, town or county)

Churchville

Chilling S. Kraus

. IS RESIDENCE ON A FARM? YES NO

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO F

(Stete)

SIGNED

(Stete)

IF UNDER 24 HRS.

Abingdon, Md.

APR 1 2 '61

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TO HOSPITAL CALIENDING PHYSICIAN: The law requires that the death certificate be executed within 2 death. Page 4 m a retained by the hospital or aftending physician. Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

1436

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceesed livad, If institution: Residence before admission)
a. COUNTY HACFORD MARYLAND	a. STATE MARULAND b. COUNTY HARFORD
b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town)
HAVRE OF GRACE 14 DAYS	RURAL ABERDEEN BOX 387
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet eddress)	d. STREET ADDRESS e. IS RESIDENCE
HARFORD MEMORIAL HOSPITAL	Gilbert Road YES NO NO
3. NAME OF DECEASED First McKinley S:	Vekles- OF Month Day Year
(Typa or print) JAMES IMPLIATION!)	DYCKINES DEATH HPRIL 13 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. PARE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
MALE COLORED WIDOWED DIVORCED	Sept 9th. 1894 66 yrs. Months Days Hours
10e. USUAL OCCUPATION (Give kind of work dona during most of working life, aven if ratirad)	TRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Waiter (retired) Restaurant	Maryland USA
13. FATHER'S NAME Syckles	14. MOTHER'S MAIDEN NAME
Charles AVINIES!	MARY LEE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT ABBERGER. Rural #
No (Ifyas give war or dates of service) 212-01-4043 A	nnie Ringgold Syckles Box 387 Md.
1B. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (e) Wremig	
16 Z° DUE TO	
Conditions, if any, which geva risa to immadiata causa	
(e), stating the underlying DUE TO	
causa last. (c) Bronchiogenic (arcinema
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
S	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO COURT OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING COURT OR CONTRIBUTING CONTRIBUTIONS	ED. (Enter neture of injury in Part I or Part II of itam 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata)
Hour a.m. WhileNot Whila fa	ctory, straat, office bldg., atc.)
	November 1969 to April 13 , 1961, that (1) (we) last
saw the deceased alive on April 13, 1961, and the	at death occured at M, from the causes and on the date stated above.
22a. SIGNATURE	ATTENDING MED. STAFF 22b. DATE SIGNED
George J. Stansbury	M.D. PHYS. DIRECTOR PHYS. 4/13/6/
22c. PHYSICIAN'S	22d. ADDRESS
reorge 1. Stansbury	569 Revolution St. Haurede Groce, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or county) (Steta)
Burial 4/16/61 Mt. Calvar	y Cemetery Aberdeen, Rural, Md.
24/EUNERAV DIRECTOR STELLOWATURE ADDRESS MO	25e. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
Tarring Funeral Home, Ab	erdeen DATE APR 17'61 Orthur & Kraus
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been freelite to deal 1001. Att total entremember 1 Sierria dasminiae (Decider) midia I from to the 212-01-013 inni- in old to lo sor 3:7 6. NINE SERVICE Trementing the Commencer The second of th design the way to be a server MIER - HERE The Marie State of the State of Course His remediate to the state of the property of the second irial /15/01 t. elv, my te etery 'b reen, hart, c. arring unoral lone, iterated

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

arthur S. Kraus

DATE MAY 5

. Tarring Apaneral Home

Aberdeen. Md.

24 FUNERAL DIRECTOR'S SIGNATURE

carbon and physician e attending pl Then please the 5 0 ached for death. Page 4 director, p VR A15 (4) 15M 9/60

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filled in Pages 1 papers. Pages I n 72 hours after completely within carbon and physician гетоме please = affending Then certificate has been signed by the permit. physician. the burial-transit affending hospital use as rior to prior detached for After this CIOR: 3 should DIRE O HOSPITAL death. Page 4 director, page to be filed with the

VR A15 (4)

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RYLAND STATE DEPARTMENT OF HEALTH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where dacassed livad, If Institution: Rasidance before admission a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give naarest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) . IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Middle Month DECEASED OF (Typa or print) DEATH 19 5. SEX 6. COLOR OR RACE 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED irthday) Months Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN or foraign country) dona during most of working life, aven if ratired) ENGINEER 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES 18. SOCIAL SECURITY NO. 1 17. (Yas, no, or unkown) | (Ifyas givewar or datas of servica) INTERVAL BETWEEN 18. CAUSE OF DEATH [Entar only ona cause per lina for (a), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: WE IMMEDIATE CAUSE (a) DUE TO gave risa to immadiata cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of itam 18.) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stata) 20c. TIME OF INJURY Month, Day, Yaar factory, streat, offica bldg., atc.) Whila Not Whila Hour a.m. at work at work p.m. 21. I certify that (I) (this hospital) attended the deceased from. Jo/ ..., 19 6. 6, that (1) (we) last saw the deceased alive on 196. , and that death occurred at 1 Q.M., from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE SIGNED ATTENDING HED PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Spacify) 196 REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Culling S. Thank

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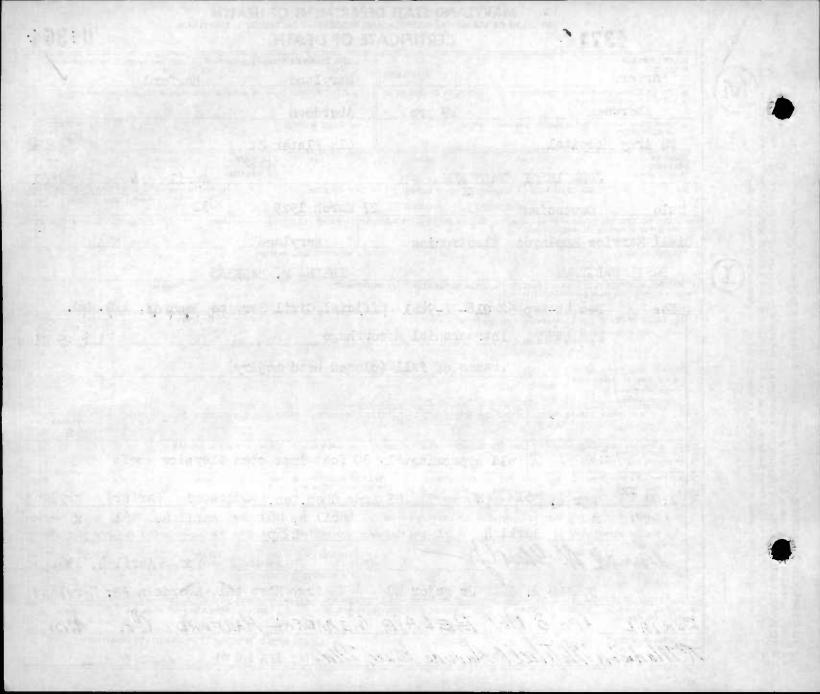
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ERAL DIREC At After this certificate has been signed by the attending physician and campletely filled in by the Paneral director,	3 shauld be detached for use as the burial-transit permit. Then please remaye corban papers. Pages 1 and 2 shauld be filled with		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	4		page 3 shauld be detached for use as the burial-transit permit. Then please remave corban papers. Pages 1 and 2 shauld be filed with	
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		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the Conerol director,	=	1
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	COUNTY Harford			MARYLA		o. STATE Maryland	ere deceased	b. COUNTY		ce before a	dmission)
		f outside corporate limit	s, write	c. LENGTH OF STAY IN	V 1b	c. CITY OR TOWN (If or	utside corpo	Hario rote limits, write R		ive nearest	tawn)
	Aberd			19 vrs		Aberdeen		19			
	. NAME OF HOSPIT	'AL (If nat in hospital, gi	ve street	, - 13		d. STREET ADDRESS		20		e. IS	RESIDENCE
	US Army	Hospital				61 Plater	St	1			S NO
3. 1	NAME OF DECEASED	Firs	1	Middle		Last	4. DATE OF	Man	th	Day	Year
	Type or print)	JOHN LEROY	WA	ISTRUM			DEATH	April	1,		1961
S. 5	EX	6. COLOR OR RACE	7. MARR	RIED E NEVER MARRIED	B.	DATE OF BIRTH		9. AGE (In years lost birthdoy)			UNDER 24 HRS.
	Male	Caucasian	WIDOW	ED DIVORCED	□ 27	March 1929		32 yrs.	Months	Days Ho	ours Min.
10a	USUAL OCCUPATION	ON (Give kind of work d	ane 10b.		INDUSTR	Y 11. BIRTHPLACE (State	or fareign c	ountry)	12. CITI	ZEN OF WH	HAT COUNTRY?
C		ice Employe		lectronics		Marvlar	ha			USA	
	FATHER'S NAME	200 Hillip Loy C		TOO OF OHIOS		14. MOTHER'S MAIDEN N	3.00			UDIA	
	BASIL W	ALSTRIM				THELMA M.	HAWKT	NS			
15.	WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17, INFO		1777 11777	Add	ress		
{Yes		(If yes, give wor or dates of se			064	24-4-1 04-43			. A	DO 16	a
-	18 CAUSE OF DEA	Dec 48-Sep	_	218-28-9111	OLI	icial Civil	26LA1	ce Recor	ds, A	PG MC	AL BETWEEN
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7	lying couse last.) (c)								- 1 120 14	MAG ALITOROV
TIO	PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	OT RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PAK	PI	ERFORMED?
ICA										YE	S NO
MEDICAL CERTIFICATION	OR CONTRIBUTING	TO CAUGE OF DEATH				Enter noture of injury in F			~hof	_	
I CE	(IF EITHER, NOTIFY	MEDICAL EXAMINER)	Fett	* *		30 feet into	-		Suar	U .	
OICA	20c. TIME OF INJUR Hour Town.	Y Month, Day, Yea			Oe. PLAC	E OF INJURY (Home, form, y, street, office bldg., etc.	, 20f. (City	or town)	(0	ounty)	(State)
ME	1:00 p.m.	Apr 4. 196	1 of wor	k 🔣 at work 🔲 📋		my Chem.Cen.	T group "I	ewood	Harfo:	rd Ma	aryland
	21. I certify the	t this haspital	attend	ded the deceased f	ram	April 4, 19	57 . ta	April l	196	1 that 3	(t) (we) last
						th accurred a 225					
	220. SIGNIFURE		1	/) -	nai acc	decorred de	311, 11 (111)	me edoses at	d dil tile	- date ste	22b. DATE
	Musae	ed W Gla	w	h	M.I	ATTENDING ME	ED.	STAFF PHYS. T	Apri	1 16.	1961
	22c. PHYSICIAN'S					22d. ADDRESS		223	2304 2.	- 43 -	
	NAME (Type)	DONALD H.	GLE	W Jr Major	MC	US Army Ho	ospita	1, Aberd	een P	G. Mar	ryland
230	BURIAL, CREMATIC		Fall	23c. NAME OF CEMET	ERY OR	REMATORY /	23d. LOCA	TION (City, town,	or county)		(Stote)
6	URIAL	APR. 6	1961	BELA	181	VIERNORAL	- 1441	FORD	(0.	1	UD.
24.	FUNERAL DIRECTOR	S SIGNATURE	10	ADDRESS	9	2Sa. REC'I	D BY REGIST	TRAR 2Sb. REGI	STRAR'S SIC	SNATURE	
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CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give negrest town) RURAL and give neorest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION YES NO F NAME OF Middle DATE Month Year LINGSL (Type or print) DEATH 19 6 6. COLOR OR RACE 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH bisthdoy) Months DIVORCED [WIDOWED T 10a. USUAL OCCUPATION (Give kind af wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY dyring most of working life, even if retired) MW HOME offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GAMBRILL TLEANOR 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT RECORDS TONE ONB CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hypostatic pneumonia, terminating 2 days IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which) (b) Cardiovascular-renal disease(chr) gove rise to immediate DUE TO cause (a), stating the underlying cause last. Generalized arteriosclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? None YES NOT 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (State) Haur a. fi. factory, street, office bldg., etc.) Not while of work at work 21. I certify that I attended the deceased from July 1958 , 19 to April 16 , 1961, that I last saw the deceased and that death occurred at 2:00 a.M., from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S NAME (Type 17 7 and Hadson 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE APR 2 0 '61 arthur & Kraus

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	Ite	em 18 Film 287 5-1 ARYEAND STATE DEPARTMENT OF HEALTH
		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
A)		4373 CERTIFICATE OF DEATH ()436
	1. P	PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edm b. COUNTY c. STATE d. b. COUNTY 1. COUNTY 1
7		HARFORD MARYLAND MARYLAND MARYLAND MARYLAND
	6	c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
-	-17	I. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. 15 RESID
M	11	HARFORD MEMORIAL HOSP RD 2 SNAKE LANE YES NO
		NAME OF First Middle Lest 4. DATE Month Day Yeer DECEASED
	(1	(Type or print) Baby Girl WEBSTER DEATH HPR, 1 24 196
	5. 5	/. MARKIED NEVER MARKIED / lest birthdey) Months Days Hours /
-	10e.	-EMALE WhitE WIDOWED DIVORCED 4-34-6 yrs. 6 4
	done	the during most of working life, even if refired)
	13.	FATHER'S NAME
I		Edwin H. WEBSTER JANE ConnoR
9		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT a, no, or unknown (Ifyesgivewerordetesofservice)
		Edwin H. Webster Aberdeen R.D. #2 Md.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Allestase ONSET AND DEA
		7620 DUE TO
		Conditions, if any, which (b) (194444/1944/1944/1)
		geve rise to immediate ceuse (e), stating the underlying DUE TO
	1.3	CBUSO 1051. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTO
2	CERTIFICATION	PERFORM YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
-	MEDICAL	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Ste
-	MED	Hour e.m. While Not While at work et work factory, street, office bldg., etc.)
		21. 1 certify that (I) (this hospital) attended the deceased from
2		saw the deceased alive on
		226. SIGNATURE M.D. PHYS. DIRECTOR PHYS. 22b. D STAFF PHYS. DIRECTOR PHYS. 22b. D STAFF
		22c. PHYSICIAN'S 22d. ADDRESS
		NAME (Type) Frederick J. Hatem Havre de Grace Md.,
R	23e.	Burial, CREMATION, 23b. Date thereof 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) Apr 26, 1961 St. Francis (Stote
10		FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR'S SIGNATURE
-		Howard K. McComas & Son Abingdon, Md. DATE APR 28'61 Cirilwa S. Krans
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Edin A. Webster (Derecen 1.). 2 Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

Reg. Dist. No. 114367

3/	7013	CERTIFICA	AIL OI DEAIL		Reg. Dist. No.) 6						
E	1. PLACE OF DEATH o. COUNTY Harford	MARYLAND	2. USUAL RESIDENCE (Whe		n: Residence before admission) Harford							
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	6 months	c. CITY OR TOWN (If our Bel Air	rtside corporate limits, write RU	JRAL and give nearest town)							
8	d. NAME OF HOSPITAL (If not in hospitol, give street OR INTERIOR STREET	oddress) et	d. STREET ADDRESS 142 Will	iams Street	e. IS RESIDENCE ON A FARM? YES NO	JA.						
MD	3. NAME OF First DECEASED (Type or print) Ruth	I. Middle Wi	ley lost	4. DATE Mont OF APT								
2 2	5. SEX Female 6. COLOR OR RACE 7. MAR WIDOW		B. DATE OF BIRTH May 18, 188	lost birthdoy)	Months Doys Hours Min							
בר ב		KIND OF BUSINESS OR INDUS OUSEWORK	Mt. Pleasa	nt, Pennsyl	12. CITIZEN OF WHAT COUNTY VANIA U.S.A.							
3	Abraham Loucks			medwe) couffer Char	-lotte Ager	,						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Son) Lt. Col. Wm. S. Wiley Address of Variety Rel Air. Md.											
Ž.	18. CAUSE OF DEATH [Enter only one couse per-	pe for (o), (b), and (c).]	hembori		INTERVAL BETWEEN ONSET AND DEATH	Н						
	Conditions, if ony, which) (b) Thembon Internal Caroted left											
	gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u>	Meis sclero	Lie C-V- A	miaso	!							
	PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVE	EN IN PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO							
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Pa	ort I or Port II of item 18.)								
	Hour a.m. While		ACE OF INJURY (Home, form, tory, street, office bldg., etc.)	20f. (City or town)	(County) (Sto	ite)						
	21. I certify that I attended the decear		accurred at 2:10P	April , 1961	,that I last saw the deced	ase						
	ACTUAL SIGNATURE LACLE SIGNATURE	Cardon L		DDRESS (Street, city or town, s								
		ardson, Jr., l	I.D. S. Ma	in Street,	Bel Air, Md.							
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial April 18, 1961	Scottdale		22d. LOCATION (City, town. o Scottdale,	Pennsylvania							
		adway & Will ir Waryland	lams		STRAR'S SIGNATURE							

TO FUNERAL DIRECT.

After this certificate has been signed by the attending physician and campletely filled in by the formal director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 10/57

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deam cermicale be executed as the funeral death. Page 4 m. a retained by the hospital or attending physician.

2 > TO FUNERAL DIX.CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 3. 5. 10a. 13. 15. (Ye CERTIFICATION MEDICAL 230 Joseph W. Foster w. Broadway + Williams Street

BEI Air, maryland

MARYLAND STATE DEPARTMENT OF HEALTH									
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND									
2375 CERTIFICATI	E OF DEATH		04368						
PLACE OF DEATH COUNTY OF A COU	e. STATE	(Where decessed lived, If instit b. COUNTY	Hartord						
c. CITY OR TOWN (if outside corporete limits, write RURAL end give narrest town) A NAME OF HOSPITAL OR INSTITUTION (if not in nospitel, give street eddress)	d. STREET ADDRESS	e air	(AL end give neerest town) e. IS RESIDENCE ON A FARM?						
NAME OF First Nemorial Middle	Last 4	BOX 145	Dey Yeer						
(Type or print) SEX 6. COLOR OR RACE 7. MARRIED B	. DATE OF BIRTH	1 11111	H 1961 NDER 1 YEAR IF UNDER 24 HRS.						
USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	March 31, 1911 RY 11. BIRTHPLACE (County	50 yrs.	nths Days Hours Min. 12. CITIZEN OF WHAT COUNTRY?						
FATHER'S NAME -	14. MOTHER'S MAIDEN NA	Y) d	Cassidy)						
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT (wik)	sabel Ca	ssidy						
s, no, or unkown) (Ifyesgivewerordetesofservice) 216-09-3404 Mr	s.Enid L. Wilt	P.O. Box 143dross BEI Air, Hark G	1						
18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)									
4621 DUE TO Conditions, if ony, which (b) Olsophade	· Van	42							
geve rise to immediate cause (e), stating the underlying									
PART OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NO	OT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN I	N PART 1(e) 19. WAS AUTOPSY PERFORMED?						
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter neture of injury in Per	rt I or Pert II of item 18.)							
20c. TIME OF INJURY Month, Dey, Yeer Hour s.m. p.m. 19 20d. INJURY OCCURRED Steel Factoring Steel S	ACE OF INJURY (Home, ferm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)						
21. I certify that (I) (this hospital) attended the deceased from.	, 19) to	, 19, that (I) (we) last						
saw the deceased alive on	death occured at.52.	M, from the causes and							
/ 00.000	1.0.	D. STAFF	22b. DATE SIGNED						
22c/ PAYSICIAN'S NAME (Type)	22d. ADDRESS								
BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) April 7,1961 Bel Air Memoria		23d. LOCATION (City, town of BEL Air, Harford							
	1		RAR'S SIGNATURE						
FUNERAL DIRECTOR'S SIGNATURE W. Broadway + Williams St	DATE A		ilus S. Kraus						

APR 6

DATE

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VARYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Rasidence before admission e. COUNTY e. STATE MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town NAME OF HOSPITAL OR INSTITUTION d. STREET ADDRES e. IS RESIDENCE ON A FARM? YES NO NAME OF Day DECEASED OF DEATH (Type or print) 19 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days 31, 1898 Hours May DIVORCED [WIDOWED Yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, Machine RETIRE DOperator Steel 13. FATHER'S NAME A Schettle 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (Ifyes give war or dates of service) Mrs. William Forster 213-07-161 Joppa. Md. No 18. CAUSE OF DEATH [Entar only one couse per line for (e) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) Conditions, if any, which (b) geva risa to immediate ceusa DUE TO (a), steting the undarlying 10 wears PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neigra of injury in Port t or part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY

20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Homa, farm, ' 2Df. (City or town) fectory, street, office bldg., etc.)

PHYS.

(County)

(State)

DATE

Month, Day, Yaer

While Not While et work et work

21. I certify that (1) (this hoppital) attended the deceased from La 1419 (a. 4 that (I) (we) last ., and that death occured atM, from the causes and on the date stated above. 7419.60.1 saw the deceased alive on. [7] 22a. SIGNATURS

M.D.

22c. PHYSICIAN'S NAME (Type)

Burial

DIRECTOR 22d. ADDRESS

SIGNED

23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION (City, town or county) Rosedale

PHYS.

(State)

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5 Pages filled

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physician

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please

Garden of Faith Apr. 18, 1961 ABIngdon, Md. Son

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE APR 1 8 '61

arthur S. Thous

death. Page 4 O FUNERAL director, l OF VR A15 (4) 15M 9/60

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